

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2006
NAME OF PROVIDER OR SUPPLIER SUNBRIDGE REHAB FOR PAYETTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1019 3RD AVE S PAYETTE, ID 83661		
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F 364	<p>Continued From page 90</p> <p>gravy, the mechanical soft diet was given 1 ounce of plain gravy.</p> <p>j. Week 4 - On Wednesday, the regular entree included a slice of bacon and the mechanical soft did not include any meat.</p> <p>k. Week 4 - On Thursday, the regular diet entree included 1 ounce of sausage along with hot cereal and french toast. The mechanical soft diet included hot cereal, scrambled eggs and french toast.</p> <p>l. Week 4 - On Friday, the regular diet entree included a slice of bacon. The mechanical soft diet did not receive any bacon or other ground meat entrees.</p> <p>m. Week 4 - On Saturday, the regular diet entrees included hot cereal, 2 sausages (1 ounce each) and pancakes. The mechanical soft diet entrees included hot cereal, scrambled eggs and pancakes.</p> <p>n. Week 5 (also referred to as "cycle B, week 4," 5/14 - 5/20/06) was similar to week 4. Bacon and sausage were served 6 of the 7 days for the regular diets. On those 6 of the 7 days, the mechanical diet did not receive any ground sausage or bacon. On Sunday of week 5, the regular entree included a 3 ounce slice of ham and the mechanical soft diet did receive any ground ham.</p> <p>On 6/14/06 at 11:00 am, the dietary manager was interviewed concerning the lack of bacon for those residents on a mechanical diet. The dietary manager stated, "We aren't sure why the mechanical diets can't have ground bacon. We don't think it's fair but it's a corporate policy. I guess they are worried about choking."</p>	F 364			

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F 364	<p>Continued From page 91</p> <p>On 6/15/06 at approximately 7:50 am, the dietary manager brought in 4 additional weeks of menus and spread sheets. The dietary manager stated that the cycle had changed and the facility was no longer following the old cycle (cycle B menus). On 6/16/06, during the exit conference, at approximately 2:20 am, the dietary manager explained that the facility does not follow the old menus (cycle B menus) and that the facility had followed the cycle B menus for approximately 6 months. The dietary manager agreed the facility had not provided ground sausage to the mechanical diets during that period of time. The dietary manager acknowledged that the facility had been cited last year for a similar problem and initially had corrected the problem but than the corporation had gone back to menus which excluded sausage and bacon from the mechanical soft diet.</p> <p>According to the "Idaho Diet Manual for Health Care Facilities, 9th Edition - 2005," page 37 - 38, stated, "The mechanical soft diet, previously called the dental diet, is designed to provide a texture modification of the regular diet for patients with chewing or swallowing difficulty. Meats are ground and all raw and hard to chew foods are omitted. Spiced foods and high fiber foods are not restricted unless the patient does not tolerate them. The mechanical soft diet can be individualized as needed. It may also be ordered as a modification to all therapeutic diets...*All meats should be served ground. It is recommended to ladle sauce or gravy over mechanically altered meats according to patient's preferences and as indicated on menus."</p> <p>The mechanical soft diet entrees routinely were</p>	F 364			

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F 364	<p>Continued From page 92</p> <p>not served bacon, ground sausage, ground baked egg/meat dishes, or ground sausage gravy.</p> <p>2. During the group meeting with 3 residents on 6/13/06 from 10:30 to 11:15 am, a resident who wished to be anonymous, stated, "We have lots of turkey and chicken thighs." The other 2 residents concurred. All 3 complained about the fact the only chicken part to be served was the thigh meat. The anonymous resident stated, "those are the smallest chicken thighs I have ever seen!"</p> <p>On 6/13/06 at approximately 12:15 pm, the residents in the independent dining room were observed eating oven fried chicken thighs. A surveyor interviewed a CNA and asked if the residents' were ever offered any other chicken part except for the thighs. The CNA stated, "I don't think so, they serve a lot of thigh meat."</p> <p>The menus and spread sheets were reviewed for 5 weeks. Over that time period, poultry was served 15 times. During that time, whole pieces of chicken were served 5 times.</p> <p>On 6/15/06 at 7:50 am, the dietary manager was interviewed about the chicken. The dietary manager stated the facility had 4 types of chicken meat and turkey breasts. The dietary manager explained that the chicken came in patties, cubes, shredded meat, and chicken thighs. The dietary manager stated, "We don't get chicken breasts, drums or wings, we do get turkey breasts." The dietary manager explained the chicken thighs weighed a little more than 3 ounces with the bone and had approximately 2 ounces of meat.</p>	F 364			

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F 364	Continued From page 93 This is a repeat citation from the last survey of 6/15/05.	F 364			
F 441 SS=E	<p>483.65(a) INFECTION CONTROL</p> <p>The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, it was determined the facility did not ensure that 4 of 7 (#2, 4, 7, & 8) sampled residents received the pneumococcal vaccine. The findings include:</p> <p>The Centers for Disease Control and Prevention (CDC) recommends the use of standing orders programs to increase adult immunization rates for influenza and pneumococcal vaccines. The CDC factsheet addressing the standing orders protocol was sent to all Idaho nursing facilities along with informational letter #2000-13 on 10/12/00. In the factsheet, CDC stated, "...In nursing homes, hospitals, and other institutional settings, standing orders programs for influenza and pneumococcal vaccination of adults aged [greater than or equal to] 65 are effective in raising vaccination</p>	<p>F441 Infection Control</p> <p>F 441</p> <ol style="list-style-type: none"> 1. Identified residents #2-#4-#7-#8 will receive pneumonia vaccinations as ordered or refusal of vaccination will be documented in their medical record 2. All current residents and new admissions will receive pneumonia vaccinations as ordered unless records determine that vaccination has been given in the last 5 years. Any resident refusal of vaccination will be documented in their medical record Flu vaccinations will be given to all current residents, and all new admissions during the flu season Oct. 1 through March 31. 3. Admission audits will be performed on all new residents to assure proper documentation of vaccinations are reflected in their medical record audits will be performed annually to ensure immunizations are up to date for all residents 4. Audit results will be reported to the CQI committee monthly and will be followed until issue resolved. 5. Date completed: 7/21/06 			

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F 441	<p>Continued From page 94</p> <p>coverage levels among this population-which, overall, are well below national goals...Annually in the United States, pneumococcal disease accounts for an estimated 3,000 cases of meningitis, 63,000 cases of bacteremia, up to 175,000 hospitalized cases of pneumonia, and up to 12,500 deaths due to pneumococcal pneumonia in hospitalized patients. Despite antimicrobial therapy and intensive medical care, the overall case-fatality rate for pneumococcal bacteremia is 15% - 20% among adults...The 1997 National Nursing Home Survey estimated influenza and pneumococcal vaccination of residents in long-term care facilities of 64% and 28%, respectively...well below the Health People 2000 objective of 80% for both vaccines in persons in such institutions..."</p> <p>1. Resident #7 was originally admitted to the facility on 9/10/05 and re-admitted 1/07/06 and again on 5/01/06. The resident's diagnoses included status post cerebral vascular accident and gastro-intestinal bleeding.</p> <p>The MDS with the assessment date of 5/14/06, indicated the resident's influenza vaccine and pneumococcal vaccine were up to date.</p> <p>The documentation of the pneumococcal vaccine could not be found in the record. The DON was asked to locate the documentation on 6/13/06 at approximately 1:30 pm.</p> <p>On 6/14/06 at 9:35 am, the DON handed the surveyor a copy of a medication record. The pneumococcal vaccine was signed off as being administered on 6/13/06. The DON stated, "It was done yesterday." The DON explained that the</p>	F 441			

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F 441	<p>Continued From page 95</p> <p>facility had checked all records and could not confirm that the vaccine had been administered or that the resident had received the vaccine at the doctor's office.</p> <p>2. Resident #2 was originally admitted to the facility on 10/06/04, and was readmitted the last time on 4/24/06. The resident's diagnoses include congestive heart failure, atrial fibrillation and atherosclerosis.</p> <p>The MDS, dated 5/17/06, indicated that resident #2's pneumococcal vaccine was offered but declined.</p> <p>The declination documentation could not be found in the resident's chart. The DON was asked to locate the documentation on 6/13/06 at approximately 1:30 pm.</p> <p>On 6/14/06 at approximately 9:30 am, the DON stated, "The vaccine had been given yesterday (6/13/06). The DON explained that the facility had not been able to find the records or a confirmation date and so the vaccine was given.</p> <p>The facility did not follow standards of infection control to prevent infectious disease for this resident.</p> <p>3. Resident #4 was admitted to the facility on 1/30/06 with diagnoses of cerebral vascular accident (CVA) with resolving hemiplegia, hypertension, hypothyroidism, kyphoscoliosis,</p>	F 441			

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F 441	Continued From page 96 osteoarthritis and depression. There was no documentation found in the resident's record of her receiving a pneumococcal vaccine (PPV). The DON informed the surveyor on 6/14/06 at 11:30 am that the PPV was administered on 6/13/06. When asked why it had not been given sooner the DON said, "It was missed." 4. Resident #8 was admitted to the facility on 11/1/05 with diagnoses of CVA with right sided hemiplegia, diabetics and depression. The resident had not had a PPV at the time of the survey. The DON stated, on 6/15/06 at 2:00 pm the PPV was missed for this resident. The facility did not follow standards of infection control to prevent infectious disease for these residents.	F 441			
F 463 SS=D	483.70(f) RESIDENT CALL SYSTEM The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation and review of facility event reports it was determined the facility did not ensure that there was a call light in the bathroom for 1 of 9 sample residents reviewed (#6). Resident #6 did not have an emergency pull cord in her bathroom. Findings include: 1. Observations on 6/12/06 at 2:40 pm revealed	F 463	F463 Resident Call System 1. Identified resident #6 call light in bathroom was replaced immediately 2. Maintenance Director will complete preventative maintenance rounds to assure resident call lights are in place and working and that all residents have access to call lights in resident rooms, bathrooms, and in bathing facilities. 3. Admin., D.O.N. or designee will conduct rounds for call light accessibility and ensure system is in good working condition.		

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F 463	Continued From page 97 that the call light in the resident #6's bathroom did not have a pull cord. The resident was in her room at the time. She stated she was not well and had nausea and vomiting. She indicated she was independent to use the bathroom. Review of the resident's event reports revealed that she had fallen in the bathroom on 11/21/05. She had fallen to the floor. The resident did not have a cord she could pull if she fell in the bathroom or had an emergency. The facility did not accommodate her need for use of the call light when she used the bath room.	F 463	4. Results of rounds will be reported to CQI committee monthly and followed until issue resolved. 5. Date Completed: 7/21/06		
			C175 Refer to F225 for Plan of Correction		

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C 000	<p>INITIAL COMMENTS</p> <p>The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2.</p> <p>The following deficiencies were cited during the annual State licensure survey of your facility.</p> <p>The surveyors conducting the survey were:</p> <p>Lorna Bouse, BSW, Team Coordinator Barbara Franek, RN Diane Green, RN</p> <p>Survey Definitions: MDS = Minimum Data Set assessment RAP = Resident Assessment Protocol RAI = Resident Assessment Instrument DON = Director of Nursing LN = Licensed Nurse CNA = Certified Nurse Aide ADL = Activities of Daily Living MAR = Medication Administration Record</p>	C 000			
C 175	<p>02.100,12,f</p> <p>f. Immediate investigation of the cause of the incident or accident shall be instituted by the facility administrator and any corrective measures indicated shall be adopted. This Rule is not met as evidenced by: Refer to F225 as it related to investigating accident and incidents to rule out abuse.</p>	C 175	<p>C175 Refer to F225 for Plan of Correction</p>		
C 311	<p>02.107,07 FOOD PREPARATION AND SERVICE</p> <p>07. Food Preparation and Service.</p>	C 311	<p>C311 Refer to F364 for Plan of Correction</p>		

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FACILITY STANDARDS

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Diana Nelson

TITLE

Administrator

(X6) DATE

7-8-06

6899

TBT711

If continuation sheet 1 of 4

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C 311	Continued From page 1 Foods shall be prepared by methods that conserve nutritive value, flavor and appearance, and shall be attractively served at proper temperatures. This Rule is not met as evidenced by: Refer to F364 as it related to mechanical diets not receiving the same food entrees as the regular diets and the repeated serving of poultry and chicken thighs.	C 311		
C 325	02.107,08 FOOD SANITATION 08. Food Sanitation. The acquisition, preparation, storage, and serving of all food and drink in a facility shall comply with Idaho Department of Health and Welfare Rules, Title 02, Chapter 19, "Rules Governing Food Sanitation Standards for Food Establishments (UNICODE)." This Rule is not met as evidenced by: Based on observations and staff interview, it was determined the facility did not follow the Idaho Food Safety and Sanitation Standards when single use Styrofoam cups were not protected from contamination and dirt accumulation on a light globe and the ceiling area in the kitchen. The findings include: 1. Idaho Food Safety and Sanitation Standard stated, "4 - 903.11 Equipment, Utensils, Linens and Single - Service and Single -Use Articles (A)...Single service and single use articles shall be stored...2) Where they are not exposed to splash, dust, or other contamination...(C) Single service and single use articles...shall be kept in the original protective package..." On 6/12/06 at 11:40 am and 6/14/06 at 11:05 am,	C 325	C325 Food Sanitation 1. All single use service articles will be stored where they are not exposed to splash, dust, or other contamination, they will be kept in original protective package.Storage shelves will be free from rust and residue.The Dietary Manager immediately cleaned the dirty light globe. 2. Dietary cleaning schedule will include cleaning of lights,ceiling area, and storage shelves. 3. R.D., Dietary Manager or designee will complete monthly review of dietary sanitation which will include single item storage, cleanliness of lights, ceiling and shelving. 4. Monthly sanitation reports will be given to Administrator. Dietary Manager will report to CQI committee the results of sanitation checks, issues will be followed until resolved Date of Completion: 7/21/06	

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C 325	<p>Continued From page 2</p> <p>five (5) Styrofoam cups were observed to be sticking out of their protective plastic covering. The cups were stored on the second shelving (from the top) of a decommissioned walk-in refrigerator. Both the storage shelf and the top storage shelf, over the cups, were pitted with rust and were covered with a white residue.</p> <p>On 6/12/06 at 11:40 am, the dietary manager was asked about the rust and white residue on the wire shelving. She stated she was not sure about the white residue and that the shelving had been sanitized. The dietary manager concurred the shelving was pitted with rust.</p> <p>On 6/14/06 at approximately 11:10 am, the dietary manager was shown the uncovered Styrofoam cups. The dietary manager stated, "I'll get rid of those."</p> <p>2. Idaho Food Safety and Sanitation Standard stated, "6-501.12 Cleaning Frequency and Restrictions. (A) The physical facilities shall be cleaned as often as necessary to keep them clean."</p> <p>On 6/12/06 at 11:40 am and 6/14/06 at 11:05 am, the ceiling light globe and the ceiling area around the light, extending approximately 2 inches out from the light fixture, was covered with visible dust. The light fixture was located between the convection oven and food preparation area. The light globe was approximately 6 inches in diameter.</p> <p>On 6/14/06 at approximately 11:15 am, the dietary manager was shown the dirty light globe and ceiling. She stated, "You're right, that should have been cleaned. I'll take care of it."</p>	C 325		

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C 671	Continued From page 3	C 671	C671	
C 671	02.150,03,b b. Proper handling of dressings, linens and food, etc., by staff. This Rule is not met as evidenced by: Refer to F441 as it relates to residents not receiving the pneumococcal vaccine.	C 671	Refer to F441 for Plan of Correction	
C 782	02.200,03,a,iv iv. Reviewed and revised as needed to reflect the current needs of patients/residents and current goals to be accomplished; This Rule is not met as evidenced by: Refer to F280 as it related to care plans not being reviewed and revised as needed.	C 782	C782 Refer to F280 for Plan of Correction	
C 790	02.200,03,b,vi vi. Protection from accident or injury; This Rule is not met as evidenced by: Refer to F324 as it relates to fall prevention.	C 790	C790 Refer to F324 for Plan of Correction	